

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing  OR  <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney D c k t Numb r</b>	Juniper-26 (JNP-0325)
	<b>First Nam d Inv ntor</b>	Ina MINEI
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	Not yet assigned
	<b>Filing Date</b>	Herewith
	<b>Art Unit</b>	Not yet assigned
	<b>Examiner Name</b>	Not yet assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SIGNALING LABEL-SWITCHED PATHS USING A LABEL DISTRIBUTION PROTOCOL IN WHICH  
EXTERNAL PREFIXES MAY BE USED

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 4]

## **DECLARATION AND POWER OF ATTORNEY**

### **Utility or Design Patent Application**

Power of Attorney:

As a named inventor, I hereby appoint:

John C. Pokotylo (Reg. No. 36,242)  
Michael P. Straub (Reg. No. 36,941)  
Ronald P. Straub (Reg. No. 48,941)  
Allen M. Lo (Reg. No. 37,059)  
David L. Clark (Reg. No. 37,082)

as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

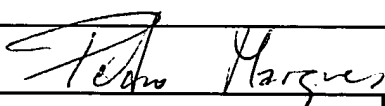
Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	26479	OR <input type="checkbox"/> Correspondence address below
Name Straub & Pokotylo				
Address 620 Tinton Avenue, Bldg. B, 2 <sup>nd</sup> Floor				
City Tinton Falls		State NJ		ZIP 07724-3260
Country USA	Telephone (732) 542-9070		Fax (732) 542-9071	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Ina		Family Name or Surname MINEI		
Inventor's Signature <i>Ina Minei</i>		Date 10/31/03		
Residence: City Santa Clara	State CA	Country USA	Citizenship Israel	
Mailing Address 1777 Lafayette Street, Apt. # 212				
City Santa Clara	State CA	ZIP 95050	Country USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Nischal		Family Name or Surname SHETH		
Inventor's Signature <i>Nischal</i>		Date 10-30-03		
Residence: City Sunnyvale	State CA	Country USA	Citizenship India	
Mailing Address 1035 Aster Avenue, #1180				
City Sunnyvale	State CA	ZIP 94086	Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the ____1____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box → 

Modified PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4</b>
--	--

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Pedro R.		MARQUES	
Inventor's Signature 		Date 10/31/03	
Residence: City Santa Clara	State CA	Country USA	Citizenship Portugal
Mailing Address 1777 Lafayette Street, Apt. # 212			
Mailing Address			
City 212, Santa Clara	State CA	ZIP 95010	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Yakov		REKHTER	
Inventor's Signature		Date	
Residence: City New Rochelle	State NY	Country USA	Citizenship USA
Mailing Address 108 Petersville Road			
Mailing Address			
City New Rochelle	State NY	ZIP 10801	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing  OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	Juniper-26 (JNP-0325)
	<b>First Named Inventor</b>	Ina MINEI
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	Not yet assigned
	<b>Filing Date</b>	Herewith
	<b>Art Unit</b>	Not yet assigned
	<b>Examiner Name</b>	Not yet assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SIGNALING LABEL-SWITCHED PATHS USING A LABEL DISTRIBUTION PROTOCOL IN WHICH  
EXTERNAL PREFIXES MAY BE USED

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 4]

**DECLARATION AND POWER OF ATTORNEY**  
**Utility or Design Patent Application**

Power of Attorney:

As a named inventor, I hereby appoint:


John C. Pokotylo (Reg. No. 36,242)  
Michael P. Straub (Reg. No. 36,941)  
Ronald P. Straub (Reg. No. 48,941)  
Allen M. Lo (Reg. No. 37,059)  
David L. Clark (Reg. No. 37,082)

as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	26479	OR <input type="checkbox"/>	Correspondence address below
Name Straub & Pokotylo					
Address 620 Tinton Avenue, Bldg. B, 2 <sup>nd</sup> Floor					
City Tinton Falls		State NJ		ZIP 07724-3260	
Country USA		Telephone (732) 542-9070		Fax (732) 542-9071	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Ina			Family Name or Surname MINEI		
Inventor's Signature				Date	
Residence: City Santa Clara		State CA	Country USA	Citizenship Israel	
Mailing Address 1777 Lafayette Street, Apt. # 212					
City Santa Clara		State CA	ZIP 95050	Country USA	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Nischal			Family Name or Surname SHETH		
Inventor's Signature				Date	
Residence: City Sunnyvale		State CA	Country USA	Citizenship India	
Mailing Address 1035 Aster Avenue, #1180					
City Sunnyvale		State CA	ZIP 94086	Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the _ 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → 

Modified PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Pedro R.		MARQUES	
Inventor's Signature		Date	
Residence: City Santa Clara	State CA	Country USA	Citizenship Portugal
Mailing Address 1777 Lafayette Street, Apt. # 212			
Mailing Address			
City 212, Santa Clara	State CA	ZIP 95010	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Yakov		REKHTER	
Inventor's Signature <i>Yakov Rekhter</i>		Date 11/2/2003	
Residence: City New Rochelle	State NY	Country USA	Citizenship USA
Mailing Address 108 Petersville Road			
Mailing Address			
City New Rochelle	State NY	ZIP 10801	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.